Suggested Revised July, 2019 SBE No. P-27

## PRECINCT COMMITTEEPERSON PRIMARY PETITION

We, the undersigned, members of ar		Party an (township name and p			
,State of Illinoi					
	in the City, Village, Unincorp	porated Area of	(if unir	ncorporated, list	
municipality that provides postal service) 2	Zip Code, County of	and Stat	te of Illinois, shall be a	candidate of the	
Party for election	n to the office of PRECINCT COM	MMITTEEPERSON, for		(township	
name and precinct number), to be voted f	or at the primary election to be h	neld on(o	date of election).		
f required pursuant to 10 ILCS 5/7-10.2, compl	ete the following (this information will	appear on the ballot)			
FORMERLY KNOWN AS	UNT all names during last 3 years)	IL NAME CHANGED ON			
(Lis	t all names during last 3 years)	(List date	of each name change)		
NAME	VOTER'S PRINTED	STREET ADDRESS OR	CITY, TOWN OR		
(VOTER'S SIGNATURE)	NAME (optional)	RR NUMBER	VILLAGE	COUNTY	
1.			,IL		
2.			,IL		
3.			,IL		
4.			,IL		
5.			,IL		
6.			,IL		
7.			,IL		
8.			,IL		
9.			,IL		
10.			,IL		
State of	) ) SS.				
County of	)				
ļ,	(Circulator's Name) do hereby	certify that I reside at		. in the	
City/Village/Unincorporated Area of					
County of, State of					
a citizen of the United States, and that the					
filing of the petitions and are genuine and	-			-	
qualified voters of the	•	•	_	-	
that their respective residences are correct		Wilder and Garidiaa.	ooming norminations or	ouvo omoo, ano	
		(Circulato	(Circulator's Signature)		
		`	,		
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on(Inser	t month, day, year)		
(SEAL)					
		(Notary P	ublic's Signature)		
	SHEET NO				

Suggested Revised March, 2019 SBE No. P-1

(Notary Public's Signature)

## STATEMENT OF CANDIDACY

	NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY
			A Full Term is sought, unless an unexpired term is stated here: year unexpired term		
If requ	uired pursuant to 10 ILCS 5/7	-10.2, 8-8.1 or 10-5.1, comple		on will appear on the ba	ıllot)
FORM	MERLY KNOWN AS(List al	Il names during last 3 years)	UNTIL NAME CHANGED ON	(List date of each	name change)
	OF ILLINOIS	) ) SS.			
County	of	)			
I,		(Name	of Candidate) being first of	duly sworn (or affirme	ed), say that I
reside	at	,	in the City, Villa	ge, Unincorporate	d Area of
	(i	f unincorporated, list munic	cipality that provides posta	I service) Zip Code _	, in
the Co	unty of	, State of Illinois;	that I am a qualified voter	therein and am a qu	alified Primary
voter o	f the	Party; th	at I am a candidate for N	Nomination/Election to	o the office of
		in the	District, to be voted upo	on at the primary elec	tion to be held
on		_ (date of election) and that	I am legally qualified (inclu	iding being the holder	of any license
that ma	ay be an eligibility requirem	nent for the office to which	I seek the nomination) to h	old such office and th	nat I have filed
(or I w	ill file before the close of	the petition filing period) a	Statement of Economic	Interests as required	by the Illinois
Govern	mental Ethics Act and I h	ereby request that my nam	ne be printed upon the offi	cial	
(Name	of Party) Primary ballot for	Nomination/Election for su	uch office.		
			/Sign	ature of Candidate)	
			(Sign	ature or Carididate)	
Signed	and sworn to (or affirmed)	by	befo	re me, on	·
J	,	by (Name of Candidate)	ate)	re me, on (insert mo	nth, day, year)

ATTAC	OT H	PETITION	
AIIAU	ים ו	PETITION	

10 ILCS 5/7-10.1

Suggested Revised July, 2004 SBE No. P-1C

## LOYALTY OATH (OPTIONAL)

United States of America	)				
State of Illinois	)	SS.			
I,			_, do swear (o	r affirm) that I am	a citizen of the
United States and the State of Illi	inois, that I	am not affi	liated directly of	or indirectly with	any communist
organization or any communist fro	ont organiza	tion, or any	foreign politica	al agency, party,	organization or
government which advocates the	overthrow (	of constituti	onal governme	nt by force or ot	her means not
permitted under the Constitution of	the United S	States or the	Constitution of	this State; that I d	o not directly or
indirectly teach or advocate the ov	erthrow of t	the governm	nent of the Unit	ed States or of th	nis State or any
unlawful change in the form of the	governments	s thereof by	force or any un	lawful means.	
				(Signature of Can	ididate)
Signed and sworn to (or af	firmed) by	(1	Name of Candid	date)	before me,
on (insert month, day, year)					
(insert month, day, year)					
				(Notary Public's	s Signature)
(SEAL)					